

FIG. 1

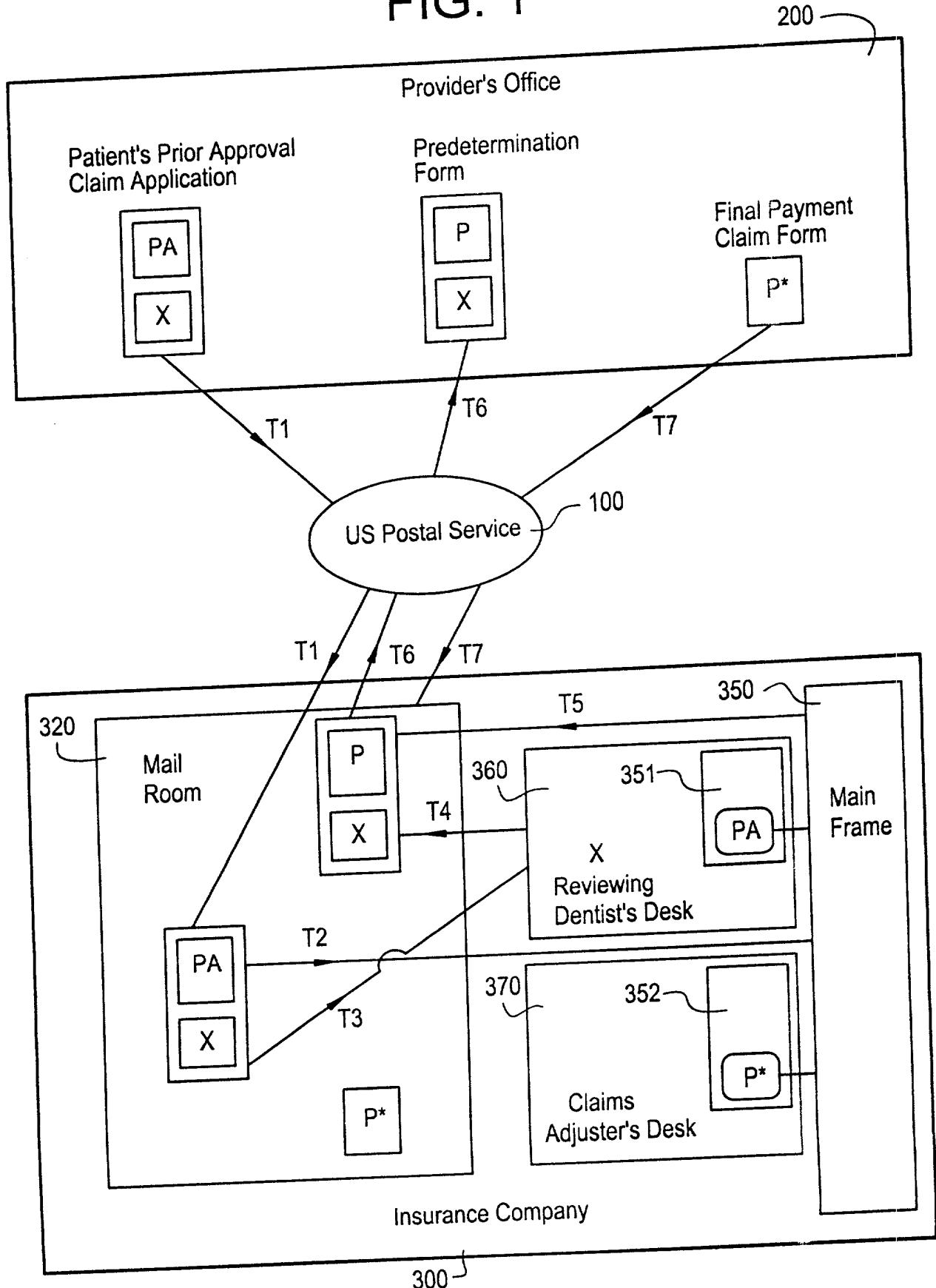
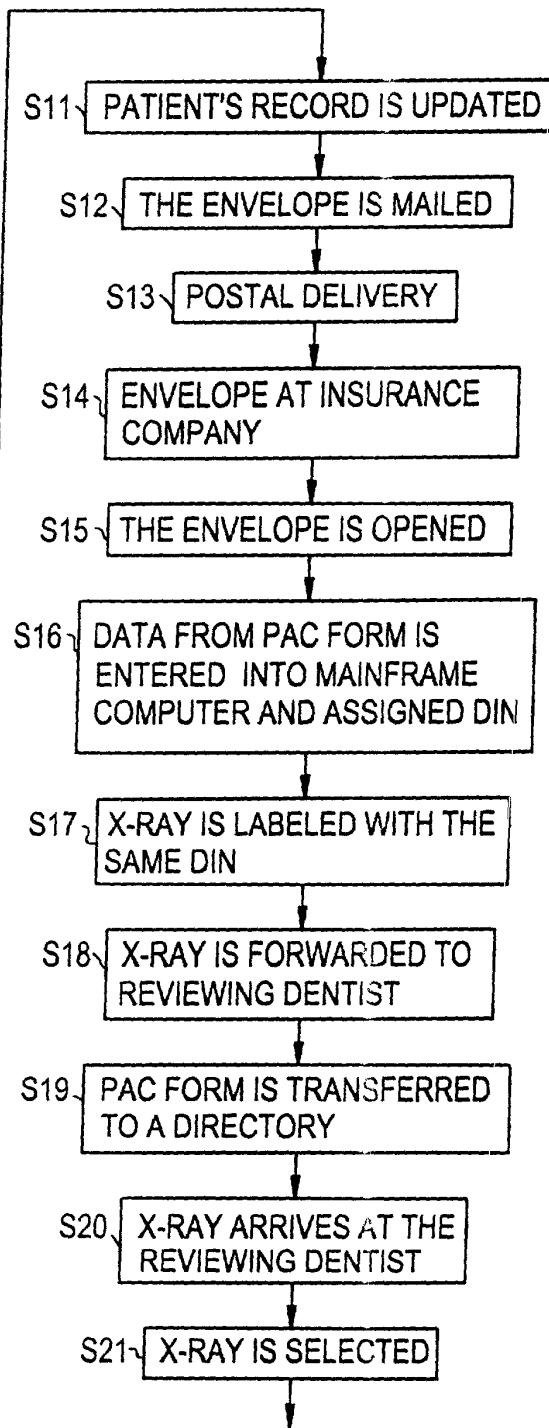
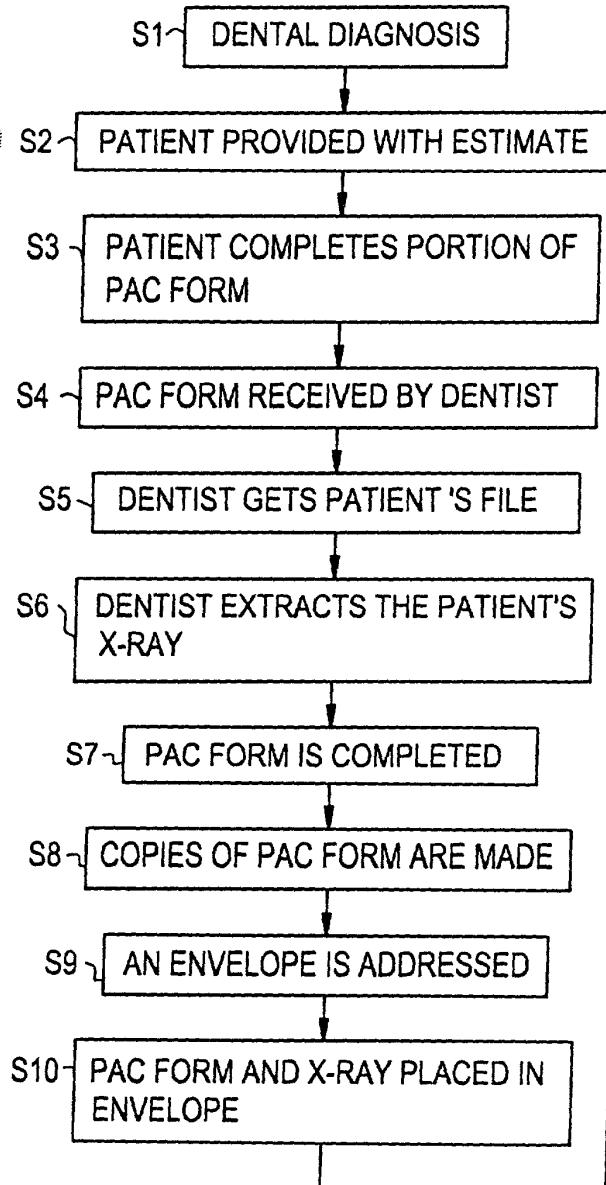


FIG. 2A

0595673088-0595674



TO FIG. 2B

FIG. 2B

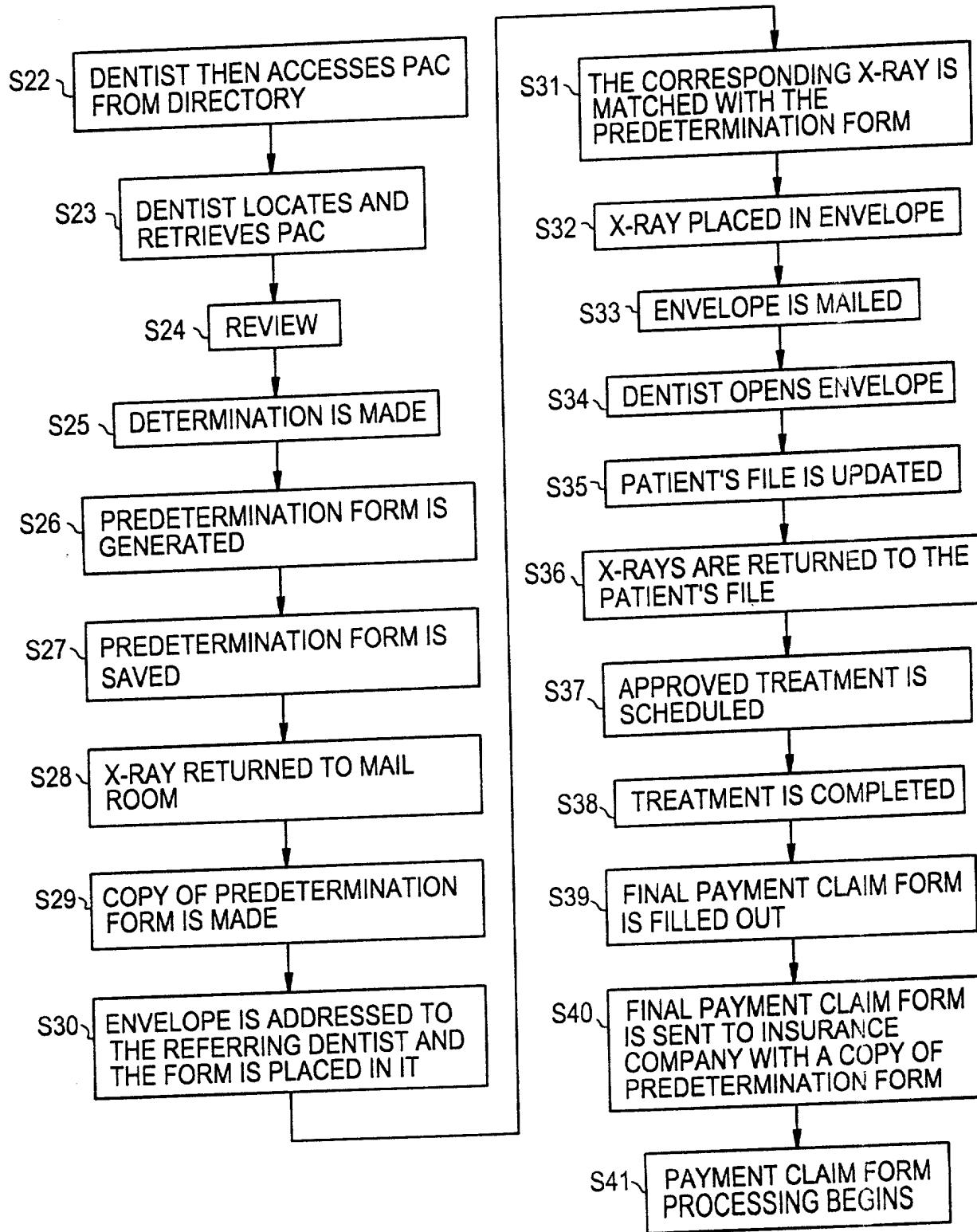


FIG. 3

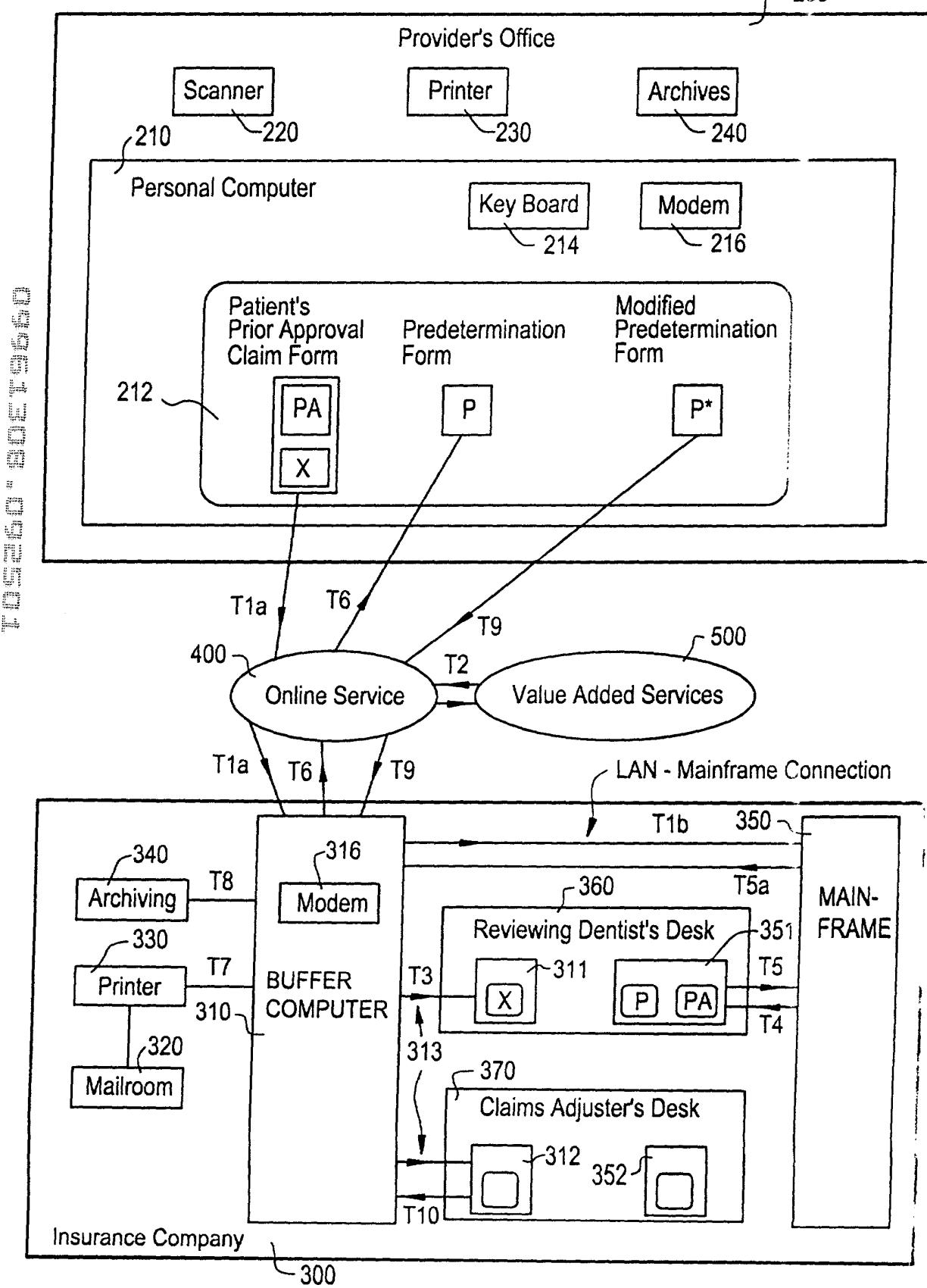


FIG. 4

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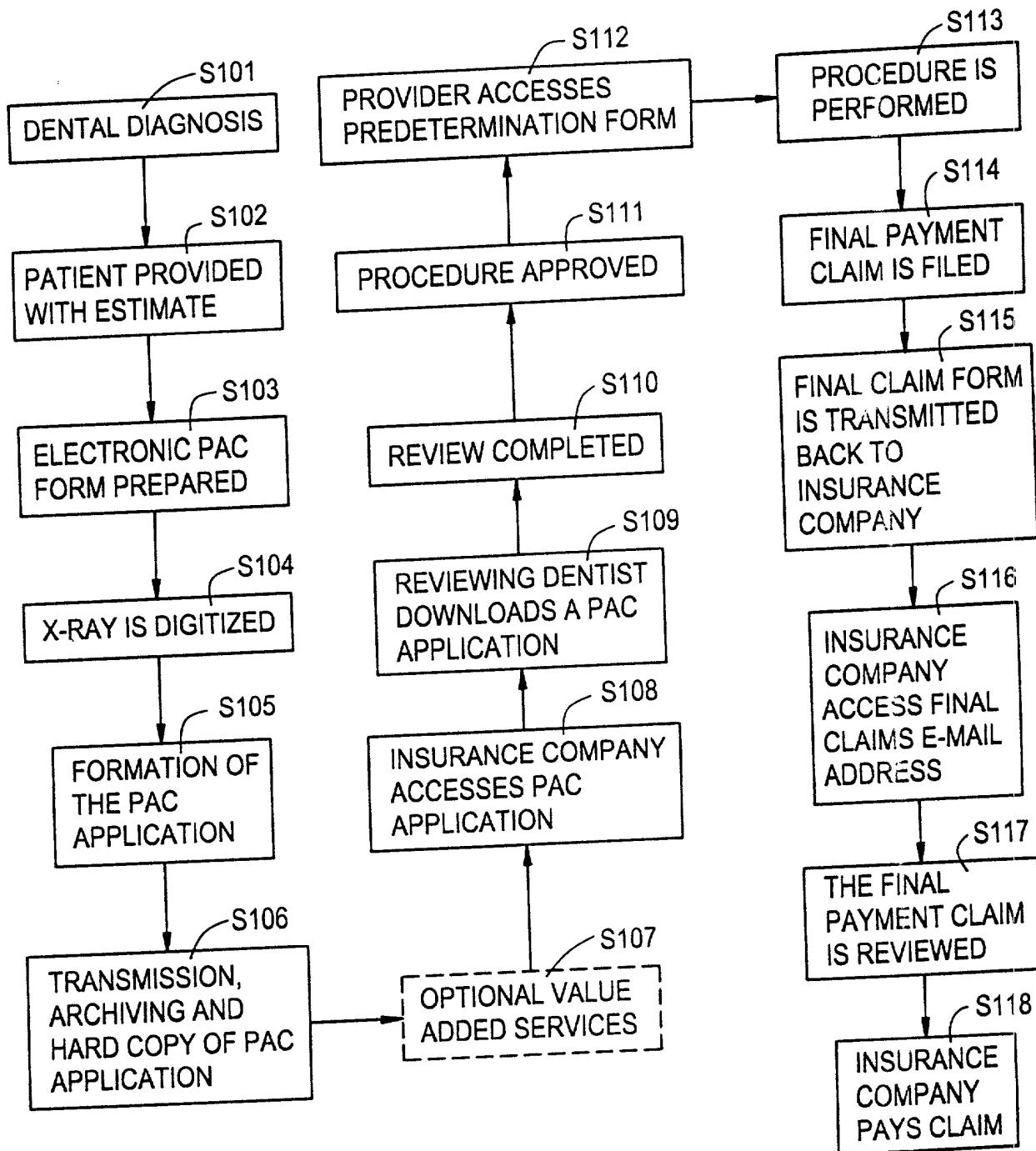


FIG. 5A

DENTAL PRIOR APPROVAL CLAIM (PAC) APPLICATION

Patient X-ray

PIN PDIN DIN

Provider Identification Number

Provider Document Identification Number

Insurance Co. DIN Document Identification Number

General Patient Information

General Patient Information

Signature:

Signature:

FIG. 5B

DENTAL PRIOR APPROVAL CLAIM (PAC) APPLICATION

General Patient Information	General Provider Information	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Signature: <input type="text"/>	Signature: <input type="text"/>	
Provider Identification Number <input type="text"/>	Provider's DIN Document Identification Number <input type="text"/>	Insurance Co.'s DIN Document Identification Number <input type="text"/>
Examination and Treatment Record		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

FIG. 6A

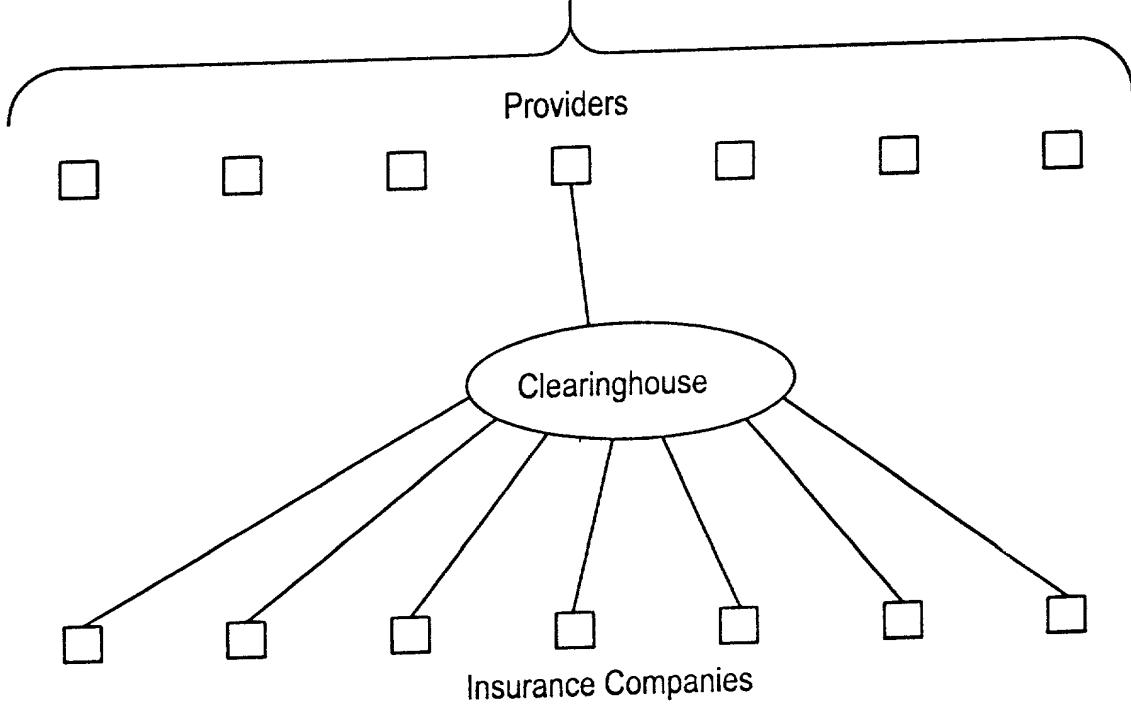


FIG. 6B

